



VICTOZA PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 Year

NOTE: Documentation of HbA1c levels taken within the past 3 months will be required for all initial requests.

PA CRITERIA:

- ❖ Approvable for members with type 2 diabetes currently on metformin, sulfonylurea, or thiazolidinedione therapy or combination therapy with metformin + sulfonylurea or metformin + thiazolidinedione

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.